

PORT JEFFERSON SCHOOL DISTRICT

Scraggy Hill Road
Port Jefferson, NY 11777

TO: Building Principal
FROM: _____
DATE: _____
RE: Request for Approval of Professional Day

Substitute needed? Yes _____ No _____

I hereby request _____ as a
Date(s)

Professional Day(s), for the purpose of

Signature

Supervisor Approval: _____
Signature Date

Deputy Superintendent: _____
Signature Date

Upon Approval by Deputy Superintendent:
Original to Requester
(1) Copy retained by Deputy Superintendent
(2) Copy to Personnel Office